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CONFIRMATION NO. 1145

|   |   |                                   |  |  |                                    |
|---|---|-----------------------------------|--|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/064,116  | <b>FILING OR 371(c)<br/>DATE</b><br>06/12/2002<br><b>RULE</b>   | <b>CLASS</b><br>250               | <b>GROUP ART UNIT</b><br>2878  | <b>ATTORNEY<br/>DOCKET NO.</b><br>201-0910 FAM |                                    |
| <b>APPLICANTS</b><br>Jeffrey Thomas Remillard, Ypsilanti, MI;<br>Timothy Fohl, Carlisle, MA;<br>Willes H. Weber, Ann Arbor, MI;   |   |                                   |  |  |                                    |
| <b>** CONTINUING DATA *****</b>   |   |                                   |  |  |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |  |  |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/18/2002</b>  |   |                                   |  |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>MI | <b>SHEETS<br/>DRAWING</b><br>6   | <b>TOTAL<br/>CLAIMS</b><br>20                  | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>FRANK A. MACKENZIE<br>FORD GLOBAL TECHNOLOGIES, LLC<br>ONE PARKLANE BLVD, 600 PARKLANE EAST<br>DEARBORN, MI 48126   |   |                                   |  |  |                                    |
| <b>TITLE</b><br>COLOR CORRECTED LASER ILLUMINATION SYSTEM FOR NIGHT VISION APPLICATIONS   |   |                                   |  |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1040  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |